

MICHAEL J. BATTISTA
MAYOR AND COMMISSIONER
REVENUE & FINANCE

ANTHONY E. DEELY
COMMISSIONER
PUBLIC WORKS, PARKS, PROPERTY, WATER

GEORGE R. ALLEN
COMMISSIONER
PUBLIC AFFAIRS & PUBLIC SAFETY



RICHARD S. CRANE
Administrator

SHERRY HARTMAN, R.M.C.
Municipal Clerk

SHARON L. VOISINE
Tax Collector

OFFICE OF THE TAX COLLECTOR

300 ENGLSIDE AVENUE

BEACH HAVEN, N.J. 08008

PHONE # (609) 492-1515 • FAX # 492-1109

TAXES

Return by:	For Payment On:
January 1 st	February 4 th
April 1 st	May 4 th
July 1 st	August 4 th
October 1 st	November 4 th

WATER

Return by:	For Payment On:
June 1 st	July 4 th
November 1 st	December 4 th

DIRECT ACCOUNT DEBIT AUTHORIZATION FOR AUTOMATIC QUARTERLY TAX AND WATER PAYMENTS TAX AND WATER ACCOUNT INFORMATION

Name:			
Property Address:			
Block:	Lot:	Qualifier:	Daytime Phone Number:
Mailing (Street) Address:			
City:	State:	Zip Code:	
E-mail address:			

BANKING ACCOUNT INFORMATION

For account verification purposes, kindly attach a voided check or a voided savings account deposit slip with this application.

Routing (ABA) Number:	
Bank Account Number:	
Bank Account Type:	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Bank Name:	

DIRECT DEBIT AUTHORIZATION

I hereby authorize the Borough of Beach Haven to debit my checking or savings account for the municipal charges I have indicated below. I understand that these charges will continue being deducted automatically from my checking or savings account until I make a written request to the Borough of Beach Haven to discontinue direct debit of my account.

Municipal Taxes ☐

Water Charges ☐

All insufficient funds will incur a \$20.00 processing fee.

Complete this form and mail to the above address. Your account will be pre-noted to verify account accuracy prior to the first actual debit to your account for municipal charges.

If a weekend or holiday occurs on the debit date, we will debit your account on the next banking day.

Original Signature _____

Date _____

Copies or faxes will not be accepted.